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Granholt Unveils Blueprint for Preventing Unintended Pregnancies; Initiative Includes "Talk Early, Talk Often"

July 6, 2005

LANSING – Governor Jennifer M. Granholm today unveiled a new pilot program entitled, "Talk Early, Talk Often," designed to offer parents a resource for talking with their middle school-age children about abstinence and sexuality issues. The "Talk Early, Talk Often" pilot is part of the Granholm Administration's Blueprint for Preventing Unintended Pregnancies that includes two other initiatives: increased access to family planning services for low income women and contraceptive equity for men and women.

"Parents should be the primary sex educators of their children, and we want to lead the way by giving them the tools they need to talk frankly about issues involving abstinence and sexuality," Granholm said. "When armed with information and the tools they need to communicate effectively, parents can be instrumental in providing critical messages to their children that can help them abstain from sexual intercourse. By doing so, they can help them avoid early and unintended pregnancy as well as the threat of HIV and sexually transmitted diseases.

"If all pregnancies were intended, the state would see significant reductions in infant mortality, child abuse, child neglect, and abortion," Granholm added.

The Michigan Parent Teacher Student Association (MPTSA) has been instrumental in the creation of the pilot program, which will be shared with parents in a series of school district-sponsored meetings this fall.

The Michigan Department of Community Health has submitted a request to obtain federal approval for a waiver to expand eligibility for family planning services for low-income families. The waiver would ensure that all men and women of child bearing age have access to family planning services by expanding Medicaid eligibility to low-income women of child bearing age without insurance coverage.

It is estimated that each public dollar spent to provide family planning services saves an estimated \$3 that would otherwise be spent in Medicaid costs for pregnancy-related care and medical care for newborns, according to national Medicaid research.

Finally, Granholm said that all women and men should have ready access to the full range of contraceptive options, thus increasing the likelihood that each sexually active man or woman has an available contraceptive method that is most convenient and which she/he is willing to use.

Granholm said she supports passing contraceptive equity legislation. Senators Beverly Hammerstrom (R-Temperance) and Martha Scott (D-Highland Park) have introduced Senate Bills 431 and 432 that, if passed, would require insurers who provide prescription drug coverage to include all U.S. Food and Drug Administration (FDA) approved contraceptives.

"Unintended pregnancy is an issue that affects public health, our economy, and our society, because one way or another, we are all affected by its impact," said Dr. Kimberlydawn Wisdom, Michigan Surgeon General. "Working together, we can ensure that every pregnancy is an intended pregnancy."

The Michigan Department of Community Health's Pregnancy Risk Assessment Monitoring System (PRAMS - a survey of maternal experiences and behaviors before and during a woman's pregnancy) data for the year 2001 shows that 40.6 percent of pregnancies were unintended.

The total cost to Medicaid for the delivery of a baby and first year of life is \$11,528 – with the cost of delivery averaging \$6,197 and the cost of first year of life services averaging \$5,331. In FY 2000, the state Medicaid program paid for prenatal, delivery and post-natal care of roughly 26,000 unintended births. Each birth cost Medicaid \$11,000, which translates to \$286 million in costs for Michigan.

If Michigan can reduce the number of unintended pregnancies by 10 percent, it would save the state over \$27 million in Medicaid expenditures annually.

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